



**THE STATE BAR OF CALIFORNIA
COMMITTEE OF BAR EXAMINERS/OFFICE OF ADMISSIONS**

180 Howard Street • San Francisco, CA 94105-1639 • (415) 538-2300
1149 South Hill Street • Los Angeles, CA 90015-2299 • (213) 765-1500

**REGISTRATION AS A FOREIGN-EDUCATED GENERAL APPLICANT NOT ADMITTED TO THE
PRACTICE OF LAW IN ANY UNITED STATES OR FOREIGN JURISDICTION
(LAW STUDENTS WHO ARE ENROLLED IN LAW SCHOOLS LOCATED IN THE UNITED STATES AND
ATTORNEYS MUST REGISTER ONLINE AND MAY NOT USE THIS FORM)**

REGISTRATIONS MUST BE TYPEWRITTEN OR LEGIBLY PRINTED IN INK. STAPLE all attachments to the front of the registration. (This is **not** an application for an examination or for a moral character determination. Attach additional pages if necessary. Please read the "Instructions for Registration as a Foreign Educated Applicant" and the bulletin "Qualification for Admission to Practice Law in California by Law Students Receiving Their Legal Education Outside the United States" before completing this form.)

1.1 U.S. SOCIAL SECURITY NUMBER (**Required**) Refer to Instructions

1.2 DATE OF BIRTH

Mo. Day Year

1.3 REGISTRANT'S NAME

Last First Middle

1.4 EMAIL ADDRESS:

1.5 MAILING ADDRESS: (It is the registrant's responsibility to inform the State Bar's Office of Admissions in writing of any address change. All correspondence will be mailed to your current mailing address.)

Number/Street and Apartment Number

Address Continued

City or Non-USA City and Country State Zip (U.S.)

1.6 TELEPHONE NUMBER:

1.7 APPLICANT'S BIRTHPLACE:

City or Town State or Country

1.8 MOTHER'S FULL MAIDEN NAME:

OFFICE USE ONLY

DATE ENTERED/BY:

- - /
Mo. Day Yr. Initials

DATE APPROVED/BY

- - /
Mo. Day Yr. Initials

1.9 GENERAL APPLICANT REGISTRATION FEE (See payment coupon on page 5)

Registration Fee Enclosed \$

2.0 NAMES, FORMER NAMES AND ALIASES - If you have ever been known by any other name(s), please state below and provide the effective dates.

Last _____ First _____ Middle _____

DATES: _____
From _____ To _____

2.1 I ☐ **have** ☐ **have not** passed the bar examination in the United States or a foreign country. If you have passed a bar examination, list in which state or country and provide an explanation of why you are not admitted.

Country:

Explanation:

2.2 FOREIGN LEGAL EDUCATION – Please indicate below the foreign law school(s) you attended (an evaluation completed by a credential evaluation company on the list of approved agencies and transcript must accompany this form):

Name, City, Country of Law School	Date Attended		Date of Graduation Mo/Yr
	From – Mo/Day/Yr	To – Mo/Day/Yr	

2.3 UNITED STATES LAW SCHOOL EDUCATION – Please indicate below any United States law schools you have attended and the law school in which you are currently attending, if applicable:

Name of Law School	Date Attended		Date of Anticipated Completion Mo/Yr
	From – Mo/Day/Yr	To – Mo/Day/Yr	

Name of Program:

Degree Conferred:

Date Conferred:

Courses and credits completed or currently enrolled in:

Name of Course(s)	Dates Attended	Completed (Yes/No)	# of Law Study Credits

APPLICANT DECLARATION

THE FOLLOWING DECLARATION MUST BE SIGNED AND CANNOT BE AMENDED BY THE APPLICANT

The person named as the registrant in the foregoing registration, declares:

I have carefully read the questions in the foregoing registration and have answered them truthfully, fully and completely, without mental reservation of any kind.

I hereby authorize educational or other institutions or agencies to release to the Committee of Bar Examiners and the Office of Admissions of the State Bar of California any information, files or records requested in connection with the processing of this registration.

I understand that I must comply with all the requirements of Title 4, Division 1 of the *Rules of the State Bar of California (Admissions Rules)*.

I declare under penalty of perjury under the law of the State of California that my answers to the foregoing registration questions and all statements by me herein are true and correct.

Executed on _____
(Date)

at: _____
(Street and Number)

(City, State, Zip, Country)

PRINT:

(First Name)

(Last Name)

SIGN HERE:

(Signature of Declarant)

ETHNIC SURVEY

The following information is to be furnished by each registrant as part of the application process. The Committee of Bar Examiners is gathering this data to assist in the continuing evaluation of the admissions process. This information will be treated in a confidential manner and will be used only for research purposes. It will not be retained by the Committee as part of your application.

1. What is your sex? ☐ Male (1) ☐ Female (2)

2. Which one of the following racial or ethnic groups **best** describes you? **Mark only one.**

- | | |
|---|---|
| (1) <input type="checkbox"/> American Indian or Alaskan Native
(Descended from any of the original
peoples of North America.) | (6) <input type="checkbox"/> Hispanic
(Mexican, Puerto Rican, Cuban, Central or South
American & Spanish - but not Portuguese) |
| (2) <input type="checkbox"/> Filipino | (7) <input type="checkbox"/> Black
(Excludes persons of Hispanic origin) |
| (3) <input type="checkbox"/> Pacific Islander
(Melanesian, Micronesian, Polynesian) | (8) <input type="checkbox"/> White
(Includes persons having origins in any of the
original peoples of Europe, Russia, North Africa
and the Middle East - and generally corresponds
to those persons not classified into one of the 7
specific minority categories) |
| (4) <input type="checkbox"/> Origins in Indian sub-continent
(Pakistan, Indian, Bengal, etc.) | |
| (5) <input type="checkbox"/> Asian
(Includes Chinese, Japanese, Korean and the
peoples of Malaysia and Southeast Asia) | |

FOREIGN-EDUCATED GENERAL APPLICANT REGISTRATION FEE COUPON

PLEASE COMPLETE AND ATTACH THE PAYMENT COUPON TO THE FRONT OF THE APPLICATION
WITH THE APPROPRIATE FEES

Registration Payment Coupon
Office of Admissions
The State Bar of California

General Applicant Registration Fee: \$108.00

Name:

Last

First

Middle

Suffix (Jr. Sr., I, II)

Date of Birth:

Month

Day

Year

Social Security Number:

Address:

Number/Street and Apartment Number

City

State

Zip

Foreign Address (City, Province, Country, Postal Code) (If foreign address is longer than space provided, please continue on line below.)



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For Office of Admissions Fees Only - Credit Card Authorization Form

Date:

I authorize the State Bar of California to charge my credit card for \$

Please check which fee(s) you are paying for:

- | | |
|--|---|
| <input type="checkbox"/> California Bar Examination Fee | <input type="checkbox"/> California Bar Examination Late Fee |
| <input type="checkbox"/> First-Year Law Students' Exam | <input type="checkbox"/> First-Year Law Students' Exam Late Fee |
| <input type="checkbox"/> Laptop Fee | <input type="checkbox"/> Laptop Late Fee |
|
 | |
| <input type="checkbox"/> Registration as a Law Student Fee | |
| <input type="checkbox"/> Registration as an Attorney Fee | |
|
 | |
| <input type="checkbox"/> Other: Please specify _____ | |

(This form may not be used to pay dues or other attorney fees; it only may be used to pay fees related to Admissions)

Credit Card Number

Expiration Date (Month/Year)

Check Credit Card Type: ☐ Master Card ☐ Visa

Name: _____

Address:

Foreign Address:
(if applicable)

City State Zip:

Signature of Card Holder:

Signature of Applicant:
(if not card holder)

Applicant File #: Telephone #:

Please submit to: The State Bar of California
1149 South Hill Street
Los Angeles, CA 90015
Fax Number: (213) 765-1544

Please note that delay in responding may result in additional late filing fees/and or possible abandonment of your application.